

## JUVENILE LIFE WITHOUT PHR WORKSHEET

August 24, 2016

Senate Bill 590 lists specific areas of consideration for the Parole Board. Those considerations are highlighted and should be included in the report.

HEARING DATE \_\_\_\_\_

TYPE OF REPORT

\_\_\_\_\_ Initial

\_\_\_\_\_ Reconsideration

Delegate attending: \_\_\_\_\_

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

ACTIVE SENTENCES: Sentence name/sequence, length

Recommendation: AGN – Reconsideration Hearing FOR – Release Date NOR – Courtesy Hearings Only

DATE RANGE FOR CONDUCT VIOLATIONS: \_\_\_\_\_ through \_\_\_\_\_ (IVIS)  
(From last time Board reviewed case or date of arrival/return to the date report is typed)

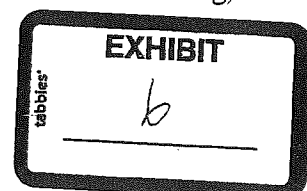
Home Plan:

### CRIMINAL HISTORY/SUPERVISION HISTORY

Insert Sentencing Paragraph (example below):

On (date), (Subject) appeared in the Circuit Court of (County) and was sentenced to Life (w/out Parole) within the Missouri Department of Corrections (MDOC), for having pled guilty to Murder 1<sup>st</sup> Degree.

Pursuant to 558.047 RSMo, (Subject) petitioned the Parole Board for a hearing as he was (Note specific age at time of offense: 14, 15, 16, 17) at the time of the offense. At the time of the hearing, (Subject) will have served (amount of time).



AGO0000030

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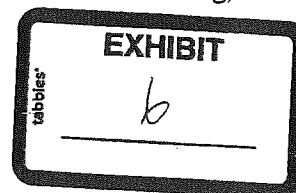
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AGO0000030

**PRESENT OFFENSE**

Some of these Murder 1<sup>st</sup> Degree cases may not appear in either OP11 or file material. When such circumstances occur, submit the Board Information Request to appropriate district. Additionally, given the notoriety surrounding such cases officers may be able to narrow down specific offense dates and counties (due to changes of venue) by conducting a web-based search and providing that information to either the field office or corresponding prosecutor's office (confirm with supervisor prior to any contact). If names of victim's families are in print this may also be provided to supervisors to be shared with Victim's Services.

**The extent of the defendant's participation in the offense:** (Directly involved in the death, or acting as a lookout, etc..)

**The degree of the defendant's culpability in light of his or her age and role in the offense:** (Does the official version/police record/offender make note of being a leader or follower in present offense)

\*Note whether or not the offender was under the influence of alcohol or drugs; taking medications as prescribed, etc.

**Offender's Version and Motive of Present Offenses (Remorse)**

What was the offender's motivation for committing the offense? (Why did the offender commit the offense?)

**The defendant's age, maturity, intellectual capacity, and mental and emotional health and development at the time of the offense** (mental health medications, diagnosis, IQ, subjected to abuse/poor upbringing)

**The effect of familial pressure or peer pressure on the defendant's actions**

**Evidence that the person has accepted accountability for the offense or offenses, except in cases where the person has maintained his or her innocence**

Does the offender justify or make excuses for their actions?

What level of victim empathy does the offender demonstrate?

AGO0000031

**Performance on Bond**

This section should provide an overall assessment of the supervision period, highlighting both successes and pitfalls. Also, include conduct on bond in this section.

Bond: Y / N

Revoked: Y / N (if Yes, Why?)

What were the positive things the offender was doing in the community?  
(Work, school, treatment, programming, etc.)

Describe any positive support system (family, co-workers, friends, church, etc.)

**COURT ORDERED RESTITUTION: N/A**

**CO-DEFENDANTS:** Name, number and the sentence, if applicable. Does the offender still have contact with their co-defendants

**VICTIM IMPACT STATEMENT:** (if available)

What was the offender's relationship to the victim(s)?

**ARRESTS AND CONVICTIONS**

Prior Juvenile History:

\*CBRS pulls here

Adult Criminal History (if any):

Non-conviction arrests: (List in narrative form)

Offender's attitude toward crime, violence, law enforcement, others?

What does the offender identify as their justification (driver) for committing crime?

Has the offender ever committed any crimes as a means to generate money? (Even with no arrest)

AGO0000032

HOLD ORDERS: Indicate all pending charges, noting case number and county if known.

Pending Charges/ Detainers/ Warrants: Yes \_\_\_\_\_ No \_\_\_\_\_  
(IDET)

Location

Warrant/Report/Cause #

Offense

**SEX OFFENDING BEHAVIOR** (if none – Not applicable)

Prior finding of guilt for a sexual offense:

Sexually violent or abusive behavior is an element of the underlying crime of the current finding of guilt:

Sexually violent or abusive behavior was an element of the underlying crime of a prior finding of guilt:

Original charge in current finding of guilt was for a sexual offense:

Offender admits sexually violent or abusive behavior:

If offender meets above criteria, include a brief version of behavior, including victim's age, gender, relationship to offender, and source of information, unless previously provided in present offense. Include offender's response to reported behavior, unless previously provided in the present offense. Include a summary of prior sex offender treatment, including dates of treatment and completions and a summary of prior review as a designated sexual offender and Parole Board response.

MOSOP REQUIRED: Yes or No

If offender does not meet the DSO criteria, "Not Applicable" will be noted in this section; however, sexual conduct in prison or behavior that does not meet the above criteria should still be reported for the Board's review, noting it does not meet the DSO criteria.

AGO0000033

**SUBSTANCE ABUSE HISTORY/TREATMENT** – This is a substantial criminogenic need to assess. SACA

SCORE:

The section below is a guide to point to patterns in drug/alcohol use, but **should not be listed verbatim in the body of the prehearing report**. These questions are intended to evaluate the offender's criminogenic need and point toward an overall assessment of the level of involvement/severity of the offender's substance abuse/use.

	First/Last Used Date	Quantity	Method of Use	Frequency
Alcohol				
Marijuana/Hashish				
Opiates/Heroine/ Methadone				
Cocaine				
Methamphetamine				
Hallucinogens -LSD, Mescaline, PCP				
Depressants/ Barbiturates				
Abuse of RX Meds				
Inhalants/Solvents				
Synthetic Drugs K-2				

AGO0000034

What is their drug of choice?

How did they support habit?

How much were they spending per day/week?

Did they sell drugs?

Who introduced them to drugs/alcohol?

Who do they use drugs with?

Why do they drink or use drugs?

Have drugs or alcohol ever made it difficult to perform at work or school?

Have friends or family expressed concern for the offender's drinking or drug use?

Has the offender experienced health or emotional problems from using drugs or alcohol?

Has their substance abuse ever resulted in fights with their family or significant other?

Was the offender under the influence of drugs or alcohol at the time of their arrest?

What is their longest period of sobriety?

How did they maintain sobriety? (what worked)

What have they tried that didn't work?

Relapses: What are their triggers? What did they do when they relapsed?

What kind of support system is in place?

What treatment programs have they successfully completed? Why did this program work for them?

NOTE: if offender attended institutional treatment after TAP implementation, check PSAT for treatment summary information.

Have they received CDV's for #11 / Poss/Use of an intoxicating substance?

If treatment is indicated to address the offender's criminogenic need, then substantial discussion should occur at this level to determine the offender's attitude and willingness to participate. This is also one of many areas where attitude can be discussed as one of the criminogenic needs and how their attitude helps affect their success.

Do they feel they need treatment?

What is their level of motivation toward treatment?

AGO0000035

**AGGRESSIVITY** - Note any assaultive or aggressive behaviors

What makes the offender angry?

Gang affiliations/tattoos?

Did the offender ever own/carry a weapon, even for hunting purposes?

Are assaults/aggressive behaviors worse when the offender is under the influence or not taking medications properly?

Does the offender show any insight towards their inappropriate behavior and does their attitude signify an ability to change?

Note any domestic violence, anger management or similar course completed and what they learned about their anger/aggression?

**INSTITUTIONAL STATUS**

AGE: (offender's current age)

TIME SERVED: (total time served on the controlling sentence, including jail time.)

CONDUCT: (conduct violations—OPII will print violations here ITRH, ISUM, ICVL (IVIS))  
This is an area where substantial discussion should occur regarding any marginal or poor behavior.

What is the offender's attitude about changing their life?

Discuss how their attitude can affect their success or failure in life. (Do they comprehend the negative effects this has on their parole possibilities?)

WORK ASSIGNMENT: (offender's current institutional work assignment IWRK)

EDUCATION: (HSE class attendance; good faith effort, behavioral or disciplinary problems in school, can they read or write) (IEDU, ITST, ICAT)

**Efforts made toward rehabilitation**

Note the IQ Score from ITST is not an E-1.

PROGRAMS: (offender's program participation while incarcerated (MOCIS {classes, TAP, property list}, IRJH) If the offender has not participated in any programs or available activities, what is the reasoning? Evaluate the attitude displayed. How does the offender spend their free time if they are not in programs?

**Efforts made toward rehabilitation**

AGO0000036



COLLATERAL CONTACTS: (provide comments from work supervisor, school, housing unit staff etc.) Should be specific, but do not quote DAI/DORS staff verbatim. This is one of your only sources of outside information regarding the offender's current attitude and associations. Who is the offender known to associate with? Are these pro-social relationships?

PHYSICAL HEALTH: (medications; if M3 or above provide explanation, note duty status, ambulatory issues) ( ICAT, IMED)

MENTAL HEALTH This section should pay particular care to the mental health history of each offender, noting that a current MH score may not reflect the offender's true level of functioning outside of a confined environment. If there is a history of serious mental health problems but the offender is now a MH2 or below, contact mental health to provide a current status and reasoning for the lower score. If MH-3 or above request a MH Summary. ( ICAT, IMED)

Prior to incarceration, has the offender previously seen a counselor, psychologist, or psychiatrist?

Has the offender had contact with the Department of Mental Health? Is so, explain.

Was the offender ever hospitalized for a MH concern?

Has the offender planned to commit suicide? Age?

Has the offender attempted to commit suicide? Age? Method? Drugs or alcohol involved?

Does the offender have any mental health limitations or disabilities (explain)?

Is the offender seeing MH staff?

Does the offender feel like this is helping?

What does the offender think their diagnosis is? Is there a MH Summary & diagnosis available?

Would the offender seek counseling regarding problems?

Has the offender experienced physical/emotional/verbal/sexual abuse?

What was their highest MH score during any incarceration, and why?

If offender is MH2, and refusing medications, why? What are consequences of not taking medications? What happens when they quit taking meds?

Where do they get meds on the streets?

Does the offender have conduct violations that appear to be a result of mental impairment? AGO0000037

**GENDER RESPONSIVE ASSESSMENT (FEMALES ONLY):**

If the offender has had a full institutional GRA completed, what level of institutional risk is the offender based on the score?

What are her identified risks/needs?

What are her identified strengths?

**TRANSITION/SUPERVISION PLAN:** narrative of goals during incarceration and upon release.

What are their goals are for this period of incarceration?

What do they want to accomplish to prepare for release?

What are their obstacles to success?

What are their long and short term goals?

Who were their associates?

Who do they plan on associating with, and are they supportive?

**RECREATION:**

How does the offender spend their free time both in and out of prison?

How does the offender plan on involving themselves in pro-social relationships, recreational activities, and daily living to avoid negative and anti-social results in their life?

Can you share some of your non work-related activities that you enjoy that can be considered positive? This would include things you do with your family and/or friends.

Do you have any hobbies? What do you enjoy doing?

What do you do with your day?

Eight hours opens up on your calendar where you have no work, treatment, school, or family obligations; What do you do?

What do you do with family/friends to have fun?

Who do you spend your free time with?

AGO0000038

**SOCIAL/FAMILY HISTORY:** (Anywhere in this section when names can be obtained, they should be for future reference and investigation of home plan needs, to include current city/location if known. )

Was the offender born and raised in a two parent home? Do they have a relationship with their parents now?

Does the offender have any siblings and what is their current relationship?

Were there any particular issues growing up which caused difficulty for the offender? (substance abuse in the home, any abuse of the offender or those he/she was close to, poverty, frequent moves, divorce, etc?)

Did the offender ever get kicked out of their home or run away prior to becoming an adult? If so, why?  
Does the offender have any family members with similar problems which he/she considers an influence on their life?

Does the offender currently have a significant support person in the community? If so, how do they participate in the offender's life currently? Did they know each other prior to prison? What are their future plans?

Married:

Number of times:

Divorced:

Children:

ages:

Who has custody?

Does offender pay Child Support/Court Ordered? Are there arrearages? (Approximate amount)

Have the offender describe his current pro-social contacts from the community. (visits, mail, phone calls)

Ask the offender if there is anyone in their life they feel has been, does now, or could be a negative influence in their life.) Who? This is an opportunity for the offender to open a dialogue with the officer about their future associations.

AGO0000039

**HOME PLAN ASSESSMENT:** What are the benefits for the offender's success on supervision?

Home plan resident:

How long has offender known person?

Have they ever resided with them before?

What is nature of relationship and how did they meet?

Who will be residing in home? Is anyone under supervision?

What about this home plan will make the offender successful?

If the offender lived there in the past, and failed, what can the offender do differently?

Can the home plan take care of basic need issues: transportation, food, shelter, enough private space for occupants?

Does the offender have/eligible for a driver's license?

Does the offender have access to child care?

**EMPLOYMENT HISTORY AND PLAN:**

(Employment history and future goals)

If offender is on SSI, how much and for what?

What other assistance do they get?

Any special training the offender has had? (This includes any jobs held while incarcerated)

Vocational goals? Have they started working toward those goals, made any plans?

Job leads/offers?

**Military experience:** (Branch)

Dates/ Type of discharge:

Disciplinary actions:

What was the offender's job while in the military?

Is the offender eligible or receiving military benefits?

AGO0000040

Circle any Criminogenic Needs that apply to this offender:

Attitude

Associates

Substance Abuse

Education

Family

Recreation

Employment

Can the Driver be identified?

**SPECIAL CONDITIONS RECOMMENDED:**

Obtain HSE

No Gambling

Take Meds as Prescribed

No Contact w/Victim

No Residence w/Minors

Parenting Program

Pay Ct. Ordered Child Support

Felony Detainer

No Drinking

No Driving

Sex Offender Evaluation

No Contact w/Victim's Family

Domestic Violence Program

Pay Ct. Ordered Restitution

Money Management Program

Other:

Substance Abuse Program

Mental Health Program

Sex Offender Program

No Unsup. Contact w/Minors

Anger Management Program

No Checking Acct/Credit Device

**RELEASE STRATEGIES RECOMMENDED:**

Residential Placement (CRC or RF)

Interstate Home Plan

Treatment Placement

Board MOSOP

Refer back to MOSOP

Offenders Under Treatment (OUT)

Domestic Violence Supervision

**ASSESSMENT AND RECOMMENDATION:** Include the considerations below with a brief summary of strengths and weaknesses, utilizing the Seven Critical Criminogenic Needs: Associates, Recreation, Family, Attitude, Education, Substance Abuse, and Employment.

**The defendant's age, maturity, intellectual capacity, and mental and emotional health and development at the time of the offense** (mental health medications, diagnosis, IQ, subjected to abuse/poor upbringing)

**The degree of the defendant's culpability in light of his or her age and role in the offense;** (Does the official version/police record/offender make note of being a leader or follower in present offense)

**The effect of familial pressure or peer pressure on the defendant's actions**

**Efforts made toward rehabilitation and subsequent growth and increased maturity of the person since the offense or offenses occurred;** (May be measured by educational progress, institutional conduct/progression, program involvement, remorse)

**The likelihood for rehabilitation of the defendant;** (Does it appear the offender continues to pose a risk to society)

AGO0000041